

No. C127647	Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct if Not Correct LAKESHORE PROFESSIONAL SERVI SUSAN M BROETJE 83 OLSON RD SAGLE ID 83860		SUSAN M BROETJE 83 OLSON RD SAGLE ID 83860 3. Organized Under the Laws of: ID C127647																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																						
<table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>SUSAN BROETJE</td> <td>83 OLSON ROAD</td> <td>SAGLE</td> <td>ID</td> <td>83860</td> </tr> <tr> <td>SECRETARY</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	SUSAN BROETJE	83 OLSON ROAD	SAGLE	ID	83860	SECRETARY	" "	" "	" "	" "	" "
Office held	Name	Street or P.O. Address	City	State	Zip																	
PRESIDENT	SUSAN BROETJE	83 OLSON ROAD	SAGLE	ID	83860																	
SECRETARY	" "	" "	" "	" "	" "																	
5. Signature of New Registered Agent		6.																				
		Signature <u>Susan Broetje</u> Date <u>7/19/99</u> Name (Typed or Printed) <u>SUSAN BROETJE</u> Title <u>President</u>																				

ISSUED: 07-03-1999

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